

II. Listing of the Claims

This listing of the claims will replace all prior versions, and listings, of the claims in the application:

1-11. (Canceled)

12. (Currently Amended) A method for correcting spondylolisthesis from a lateral approach, comprising:

removing an intervertebral disc to define an intervertebral space between a first vertebra and a second vertebra, the first and second vertebrae being in a spondylosed relationship to one another;

laterally inserting a first insertion member into a lateral sidewall of the first vertebra such that the first insertion member does not extend within the intervertebral space;

laterally inserting a second insertion member into a lateral sidewall of the second vertebra;

engaging a connecting member with the first and second insertion members from a substantially lateral approach to span the connecting member between the first and second vertebrae; and

applying a rotating force to the connecting member from a substantially lateral approach to rotate the first and second vertebrae relative to one another to reduce the spondylosed relationship therebetween.

13. (Original) The method of claim 12 further comprising preparing the first and second vertebrae for receiving a prosthetic joint and inserting the prosthetic joint into the intervertebral space.

14. (Original) The method of claim 13 wherein the first and second vertebrae are prepared by laterally forming slots in the first and second vertebrae.

15. (Original) The method of claim 14 wherein the slot formed in the first vertebra is offset from the slot formed in the second vertebra.

16. (Original) The method of claim 14 wherein the prosthetic joint comprises offset, laterally-extending keels for fitting to the slots formed in the first and second vertebrae.

17. (Original) The method of claim 12 wherein the insertion members are bone screws.

18. (Original) The method of claim 17 wherein the bone screws are bi-cortical.

19. (Original) The method of claim 17 wherein the bone screws are uni-cortical.

20. (Original) The method of claim 12 wherein the connecting member is a rod.

21. (Original) The method of claim 12 wherein the rotating force is applied via a rotatable wrench.

22-30. (Canceled)

31. (Previously Presented) A method of correcting spondylolisthesis comprising:
removing an intervertebral disc between a first vertebra and a second vertebra to form an intervertebral space, the first and second vertebrae being in a spondylosed relationship;

laterally inserting a first insertion member into a sidewall of the first vertebra such that the first insertion member does not extend within the intervertebral space;

laterally inserting a second insertion member into a sidewall of the second vertebra such that the second insertion member does not extend within the intervertebral space;

positioning an elongated member adjacent to and between the first and second insertion members;

engaging the elongated member with the first and second insertion members;

applying a rotating force to the elongated member from a lateral approach to rotate the first and second vertebrae relative to one another to reduce the spondylosed relationship therebetween; and

inserting an implant between the first vertebra and the second vertebra to substantially maintain the reduction of the spondylosed relationship.

32. (Previously Presented) The method of claim 31, wherein laterally inserting the first insertion member includes driving a screw into the sidewall of the first vertebra through the sidewall and laterally inserting the second insertion member includes driving a screw into the sidewall of the second vertebra.

33. (Previously Presented) The method of claim 31, wherein inserting the implant comprises inserting a fusion device.

34. (Previously Presented) The method of claim 31, wherein inserting the implant comprises inserting a device allowing at least some articulation between the first and second vertebrae.

35. (Previously Presented) The method of claim 31, wherein positioning the elongated member adjacent to and between the first and second insertion members is performed from a substantially lateral approach.

36. (Previously Presented) The method of claim 31, wherein inserting the implant is performed from a substantially lateral approach.

37. (Previously Presented) The method of claim 31, further comprising:
disengaging the elongated member from the first and second insertion members;
removing the first insertion member from the sidewall of the first vertebra; and
removing the second insertion member from the sidewall of the second vertebra.

38. (Previously Presented) The method of claim 31, further comprising:
coupling a tool to the elongated member from a substantially lateral approach; and
rotating the tool from the lateral approach to apply the rotating force to the elongated member.

39. (Previously Presented) The method of claim 31, further comprising: preparing the first and second vertebrae to receive the implant, wherein preparing the first and second vertebrae comprises forming laterally extending slots in the first and second vertebrae, the laterally extending slots configured to receive corresponding projections of the implant.

40. (New) A method of correcting spondylolisthesis comprising:
removing an intervertebral disc between a first vertebra and a second vertebra in a spondylosed relationship to form an intervertebral space;
inserting a first bone screw into a lateral sidewall of the first vertebra via a lateral approach;
inserting a second bone screw into a lateral sidewall of the second vertebra via a lateral approach;
fixedly engaging a rod with the first and second bone screws such that the rod extends between the first and second vertebrae;
rotating the rod from a lateral approach to adjust the positions of the first and second vertebrae relative to one another to reduce the spondylosed relationship therebetween;
disengaging the rod from the first and second bone screws;
creating a first elongated recess in the first vertebrae adjacent the intervertebral space via a lateral approach;
creating a second elongated recess in the second vertebrae adjacent the intervertebral space via a lateral approach; and
inserting a motion-preserving implant into the intervertebral space such that a first projection of a first component of the implant engages the first recess and a second projection of

a second component of the implant engages the second recess, the first and second components configured to articulate with one another.